



# SHELBY COUNTY DIVISION OF CORRECTIONS

## VISITATION OFFICE

1045 Mullins Station Road

Memphis, TN 38134

Office: (901)222-8879 / Fax: (901) 222-8880

Visitation.Office@shelbycountyttn.gov

**READ CAREFULLY:** All questions must be answered. Any omission or falsifications will be considered sufficient reason to deny or withdraw approval of the visitor. Return this document to the Visitation Office at Shelby County Division of Corrections. Applications received from inmates will not be processed. The application will become part of the inmate's institutional record under the provision of T.C.A. 4-3-606 and 4-6-140. It will be considered as public record available for review by the general public, subject to the procedures established in the above cited statutes. All applicants are subject to a NCIC background check.

Inmate's Name: \_\_\_\_\_ R & I \_\_\_\_\_  
Last First Middle

Application Type: \_\_\_\_ New \_\_\_\_ Update

### Visitor Information (Please Print)

Full Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street Address City/County State Zip Code

Phone ( ) \_\_\_\_\_ Alternate ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

If provided, you will be notified by email of your approval status.

Race (Check One)		Eye Color (Check One)	
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Black	<input type="checkbox"/> Hazel
<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Brown	<input type="checkbox"/> Multi-Colored
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Blue	
<input type="checkbox"/> Hispanic		<input type="checkbox"/> Gray	
<input type="checkbox"/> White		<input type="checkbox"/> Green	
Hair Color (Check One)			
<input type="checkbox"/> Bald	<input type="checkbox"/> Blonde/Strawberry	<input type="checkbox"/> Red/Auburn	
<input type="checkbox"/> Black	<input type="checkbox"/> Brown	<input type="checkbox"/> Sandy	
<input type="checkbox"/> Gray/Partially Gray	<input type="checkbox"/> White	<input type="checkbox"/> Other:	
Identification Information (Check One)		Vehicle Information	
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Green Card	Make _____ Model _____	
<input type="checkbox"/> State Issued Photo ID	<input type="checkbox"/> Passport		
Issuing State _____ ID # _____ Expiration _____		Tag# _____ Issuing State _____	

Inmate's Name: \_\_\_\_\_  
Last First Middle

R & I \_\_\_\_\_

### Relationship to Inmate (Check One)

<input type="checkbox"/>	Adoptive Parent	<input type="checkbox"/>	Father-in-law	<input type="checkbox"/>	Half Sister	<input type="checkbox"/>	Step Father
<input type="checkbox"/>	Aunt	<input type="checkbox"/>	Foster Child	<input type="checkbox"/>	Husband	<input type="checkbox"/>	Step Mother
<input type="checkbox"/>	Brother	<input type="checkbox"/>	Foster Parent	<input type="checkbox"/>	Legal Guardian	<input type="checkbox"/>	Step Brother
<input type="checkbox"/>	Brother-in-law / Sister-in-law	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Mother-in-law	<input type="checkbox"/>	Step Sister
<input type="checkbox"/>	Clergy	<input type="checkbox"/>	Granddaughter	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Step Son
<input type="checkbox"/>	Cousin	<input type="checkbox"/>	Grandfather	<input type="checkbox"/>	Nephew	<input type="checkbox"/>	Step Daughter
<input type="checkbox"/>	Daughter	<input type="checkbox"/>	Grandmother	<input type="checkbox"/>	Niece	<input type="checkbox"/>	Sister
<input type="checkbox"/>	Daughter-in-law	<input type="checkbox"/>	Grandson	<input type="checkbox"/>	Son	<input type="checkbox"/>	Uncle
<input type="checkbox"/>	Father	<input type="checkbox"/>	Half Brother	<input type="checkbox"/>	Son-in-law	<input type="checkbox"/>	Wife

Are you now, or have you ever been an employee or contract employee at SCDC? \_\_\_\_ Yes \_\_\_\_ No If yes, when?

\_\_\_\_\_  
Have you ever been suspended from visitation \_\_\_\_ Yes \_\_\_\_ No

If yes, list reason below:

\_\_\_\_\_  
Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No  
If yes, list offense(s) date, location, disposition, R & I and TDOC number if applicable below:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently visiting another inmate at SCDC?  
\_\_\_\_ Yes \_\_\_\_ No

If yes, please print his/her name \_\_\_\_\_

R & I \_\_\_\_\_ Relationship \_\_\_\_\_

#### Attach a recent Passport Photo of yourself here.

(Required for all applicants over 6 years of age)

Photo Requirements: 2 x 2 inches (51 x 51 mm) in size

- ✓ Recent, taken in the last 6 months;
- ✓ In Color (no black and white);
- ✓ No Glasses;
- ✓ Background must be plain white or off-white;
- ✓ Head must be directly facing the camera with full face in view;
- ✓ No hats or head coverings, unless you wear for religious reasons.

Applicant's Name (Please Print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*If you are under 18 years of age, your parent or legal guardian's approval must be indicated by notarized signature. If signed by legal guardian, a copy of certified court order granting guardianship must be attached.*

### Administrative Use Only

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

Processed by (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_

## Parental Consent/Release for Minor's Visitation

(Please fill out completely, have notarized by a notary public, lawyer, or local postal official.)

Inmate's Name: \_\_\_\_\_ R & I \_\_\_\_\_  
Last First Middle

This form must be completed by the custodial parent/legal guardian and properly notarized for minor children (under 18) to visit an inmate. You must attach a copy of the original birth certificate or court documents awarding legal custody of the minor child. The child may visit with the authorized person named below, who is over 18 years of age and who must be on the approved visitation list of the inmate they wish to see. Permission is granted for the child to be searched.

Name of Minor (s)	Date of Birth	Relationship to Inmate

Approved Escort/Guardian ( Must be on Approved Visitor's List )	Date of Birth

\_\_\_\_\_  
Signature of Custodial Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Approved Escort/Legal Guardian

\_\_\_\_\_  
Date

### STATEMENT OF NOTARY PUBLIC

Subscribed to, and sworn before me on this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

My commission expires on \_\_\_\_\_

\_\_\_\_\_  
Notary's Signature